

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13449

State File No.

BIRTH NO. <u>FILED MAY 4 1953</u>		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>156</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>0143</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> <u>014</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>4 Hours</u>		c. CITY OR TOWN <u>Fulton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Co. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>214 Hockaday</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mayme</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Bradley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec, 6 1897</u>	
9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR <u>4</u> months <u>21</u> days		10. IF UNDER 24 HRS. <u>Hours</u> <u>Min.</u>			
10a. USUAL OCCUPATION (Give kind of work depending on part of working life, even if retired) <u>Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Hosp #1</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Reform, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sterling Price Maddox</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie M. McKinney</u>		14. NAME OF HUSBAND OR WIFE <u>Stanley I. Bradley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-24-0929</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stanley I. Bradley Fulton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C.V. Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-27, 1953</u> , to <u>4-27, 1953</u> , that I last saw the deceased alive on <u>4-27, 1953</u> , and that death occurred at <u>7:25 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard S. Linn, M.D.</u>				23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>4-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr-29-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 30-1953</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u>		ADDRESS <u>Fulton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William E. Tucker*

Licensed Embalmer No...4876

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.